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JOHNSON CITY MEDICAL CENTER JOHNSON CITY, TENN.

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- Diagnostic Imaging Center
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Mountain States Health Alliance is a not-for-profit family of hospitals with more than 13,500 team members, associated physicians and volunteers providing loving care to the health care of Appalachian communities in Tennessee, Virginia, Kentucky and North (arolina)

Hypothesis: A CNS reviewing monthly code and rapid response calls, identifying missed opportunities, and giving feedback to clinical staff, would lead to a reduction in total codes and an increase in rapid response calls.

Use of a Clinical Nurse Specialist to #8285 **Decrease Code Calls: Evaluation and Outcomes**

Purpose: To evaluate the use and effectiveness of an existing rapid response team before and after involvement of a dedicated Clinical Nurse Specialist (CNS).

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Methods: A rapid response team was established in 2006 at our 514 bed tertiary care hospital. Starting January 2010 a CNS was tasked with reviewing all records of rapid response calls and code calls. Retrospective review of 336 rapid response calls and 250 code calls in the adult inpatient setting from July 2009 to June 2010 was conducted. Review included patient's clinical condition, vital signs, and treatments prior to the calls and subsequent outcomes. In February 2010 results of that review revealed missed opportunities. Possible earlier interventions were presented and feedback given to clinical staff, nursing and medical leadership. We continuously reviewed 342 code calls and 934 rapid response calls from July 2010 to June 2012. Calculations of both total codes and rapid response calls per 1000 inpatient discharges were examined.

2010 to June 2012, after the introduction of a CNS. Code blue calls decreased from 8.54 to 7.35 per 1000 patient discharges, and rapid response calls increased from 10.93 to 24.68 per 1000 patient discharges.

Conclusions: During the 2 year period following the introduction of a CNS, a progressive decline in code calls, with a steady increase in rapid response calls occurred. The outcomes achieved follow the Institute for Healthcare Improvement recommendations. Implementation of an effective rapid response team occurred slowly over a 6 year period. Gaining buy-in involved a major culture shift and an increase in education among all stakeholders.

Results: In the retrospective analysis, rates of code calls and rapid response calls were measured. The 5 year period from July 2006 to June 2010 was compared to the period from July

